

Department of Public Health
and Human Services

Section:
APPLICATION PROCESSING

FOOD STAMP PROGRAM

Subject:
Household Rights and Responsibilities

Supersedes: FM/FS 103-3, (09/01/98)

References: 7 CFR 273.1 and 7 CFR 273.2

≥ GENERAL RULE -- The Office of Public Assistance (OPA) Case Manager will inform all households applying for food stamp benefits or participating in the Food Stamp Program of their rights and responsibilities using the form HCS-220.

FORM HCS-220
≥ Form HCS-220 is used to inform households applying for or receiving food stamp benefits of their rights and responsibilities. The form is also used to identify household filing unit members who are fleeing felons, parole/probation violators, and/or convicted drug felons; have misrepresented identity or residency to obtain multiple benefits; or have a food stamp trafficking conviction status. The form also lists several services/programs that may be available in the community.

HOUSEHOLD'S RIGHTS
≥ Households applying for or receiving food stamp benefits have the right to:

1. be informed that case information is confidential and is shared only for purposes directly related to the administration of the Food Stamp Program;
2. have their application processed within 30 days unless the OPA is unable to make an eligibility determination due to circumstances beyond the OPA's control;
3. request a fair hearing if they disagree with any action taken on their case;
4. have their civil rights protected;
5. be informed of changes in eligibility and benefits;
6. be assisted with the application/redetermination process by individual(s) of their choice;
7. be informed of the consequences if they do not comply with all required non financial and financial eligibility requirements;

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8. be informed of the disqualification penalties for an intentional program violation and fraud; and,
9. claim good cause for not complying with certain eligibility requirements.

HOUSEHOLD'S RESPONSIBILITIES ≥

Households applying for or receiving food stamp benefits have the responsibility to:

1. complete and sign the application form and any other required forms;
2. report changes according to their change reporting requirements;
3. provide a Social Security number for all members of the household requesting to participate in the Food Stamp Program unless good cause exists (FS 303-1);
4. provide all information/verification as requested within the time specified;
5. comply with all program requirements and requests for verification/information such as cooperation with Program Compliance/Quality Assurance reviews; and,
6. identify household filing unit members who are fleeing felons, parole/probation violators, and/or convicted drug felons; have misrepresented identity or residency to obtain multiple benefits; or have a food stamp trafficking conviction status.

SELF DECLARATION OF STATUS ≥

The OPA Case Manager must discuss the self declaration eligibility requirements with the household at initial application and each redetermination. An adult household member may verbally or in writing, under penalty of perjury, declare the status for each household member. The household member cannot be included in the assistance unit when the member is identified as:

1. a fleeing fugitive felon or parole/probation violator;

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NOTE:

An individual must have knowledge a warrant has been issued for their arrest to be considered "fleeing". If the OPA Case Manager determines during the application processing time period that an individual has a warrant out for their arrest, the OPA Case Manager must verify with the individual whether or not they have knowledge of the warrant.

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The OPA Case Manager should allow the household 10 days to verify the warrant has been satisfied.

2. a convicted felon (after August 22, 1996) for possession, use, or distribution of a controlled substance (illegal drugs or certain drugs that a doctor's prescription is required);
3. having fraudulently misrepresented identity or residence in order to obtain multiple benefits at the same time; or,
4. having been convicted of trafficking food stamp benefits of \$500 or more.

If the individual is a required filing unit member, the member is coded 'DQ' on the TEAMS SEPA screen (income and resources are counted). If the individual is not a required filing unit member, the member is coded 'OU' on the TEAMS FS SEPA screen.

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